

STORM / SEWER / WATER / BACKFLOW UTILITY PERMIT APPLICATION

Updated Jun 2019

Physical Address: Auburn City Hall Annex, 2nd Floor 1 E Main St

Mailing Address: 25 W Main St Auburn, WA 98001-4998

Webpage & Application:

www.auburnwa.gov

applications@auburnwa.gov

Phone and Email: Phone: (253) 931-3090 permitcenter@auburwa.gov

PROJECT INFORMATION		Land School of the Control of the Co				
Check all that apply: ✓Water ✓Sewer ✓Stor	Check all that apply: ✓ Water ✓ Sewer ✓ Stormwater ✓ Backflow					
Single Family Residence Commercial Duplex Multifamily: # of units 500 PERMIT NUMBER						
Job Site Address: 4750 Auburn Way North						
Owner/Tenant Name: Inland Construction	WTR					
Complex Name: Copper Gate Apartments B	SWR					
For Condominiums – Building Name:	Unit #:					
For Mobile/Manufactured Homes – Park Name:		STM				
APPLICANT Owner Contractor Other	12 <u>12 12 12 12 12 12 12 12 12 12 12 12 12 1</u>	BFL				
Name: Brent Parrish		Parent Permit #				
Address: 120 W Cataldo, Suite 100City Spokane	Address: 120 W Cataldo, Suite 100 City Spokane State/Zip: 99201					
Email: BrentP@InlandConstruction.com	Reviewed by					
Email.		Utilities Date				
OWNER	CONTRACTOR					
OWNER Name: Inland Construction	CONTRACTOR Company Name: Inland Constru	uction				
	Company Name: Inland Constru					
Name: Inland Construction	Company Name: Inland Constru	primary contact				
Name: Inland Construction Check this box if this is the primary contact	Company Name: Inland Constru Check this box if this is the Contact Person: Brent Parri	primary contact				
Name: Inland Construction Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrie Address: 120 W Cataldo, S	primary contact ish Suite 100				
Name: Inland Construction Check this box if this is the primary contact Contact Person: Brent Parrish	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrial Address: 120 W Cataldo, String City: Spokane	primary contact ish Suite 100 State: WA Zip: 99201				
Name: Inland Construction Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100 City: Spokane State: WA Zip: 99201	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrial Address: 120 W Cataldo, String City: Spokane	primary contact ish Suite 100				
Name: Inland Construction Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100 City: Spokane State: WA Zip: 99201 Phone: 509.321.3228 Fax	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrial Address: 120 W Cataldo, String: Spokane Phone: 509.321.3228	primary contact ish Suite 100 State: WA Zip: 99201 E-mail: BrentP@InlandConstructi				
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Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100 City: Spokane State: WA Zip: 99201 Phone: 509.321.3228 Fax E-mail: BrentP@InlandConstruction.com SCOPE OF UTILITY WORK Construction of new infrastructure to support a new apartment complete	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrice Address: 120 W Cataldo, State City: Spokane Phone: 509.321.3228 Auburn Business Lic#:	primary contact ish Suite 100 State: WA Zip: 99201 E-mail: BrentP@InlandConstructi WA UBI#:				
Name: Inland Construction Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100 City: Spokane State: WA Zip: 99201 Phone: 509.321.3228 Fax E-mail: BrentP@InlandConstruction.com	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parrice Address: 120 W Cataldo, State City: Spokane Phone: 509.321.3228 Auburn Business Lic#:	primary contact ish Suite 100 State: WA Zip: 99201 E-mail: BrentP@InlandConstructi WA UBI#:				
Check this box if this is the primary contact Contact Person: Brent Parrish Address: 120 W Cataldo, Suite 100 City: Spokane State: WA Zip: 99201 Phone: 509.321.3228 Fax E-mail: BrentP@InlandConstruction.com SCOPE OF UTILITY WORK Construction of new infrastructure to support a new apartment complete. As a part of the project, there will frontage improvements on D	Company Name: Inland Construction Check this box if this is the Contact Person: Brent Parri Address: 120 W Cataldo, S City: Spokane Phone: 509.321.3228 Auburn Business Lic#: ex consisting of 500 units in 16 building Street NE, 49th Street NE, and I Street	primary contact ish Suite 100 State: WA Zip: 99201 E-mail: BrentP@InlandConstructi WA UBI#:				

STORM APPLICATION	III ALLEY						Wall and			
CHECK ALL THAT APPLY	New Development Redevelopment				For Information Only					
Grading Only Work in Critical Area or Its Buffer			The state of the s	<2,000 sf new/replaced hard surface or < 7,000 sf disturbed						
Storm Drain Repair/Relocation/Demolition				2,000 – 4,999 sf new/replaced hard surface						
Notes: SF = square feet; CY = cubic yards			or ≥ 7,0	or ≥ 7,000 sf disturbed						
Single-family residential projects adding or disturbing 500 sf or less may not require a permit, unless in a critical area or its buffer.		riess		≥ 5,000 sf new hard surface Leve						
Total Area of New Onsite Hard Surfaces (SF): 646,700 (for System Development Charge calculation)				or 0.75 acres native vegetation converted or ≥ 5,000 sf new/replaced hard surface and value of improvements > 50% assessed value				3		
Total Area of New and/or F	_	•	es (SF): ⁶⁴	6,700	If 2.000 SE	or more. (Grading Per	nit rei	nuired	
Total Area to be Disturbed (SF): 1,850,000				If 2,000 SF or more, <u>Grading Permit</u> required if 7,000 SF or more, <u>Grading Permit</u> required						
Total Cut and/or Fill to be Added/Removed (CY): 81,000 If more than 500 CY, Grading Permit required										
SEWER APPLICATION	Editor.	DELINE TO THE		Service St		in the state of the	Capital Visite			
CHECK ALL THAT APPLY	✓ New Co	onnection	Side	Sewer Repa	ir Sid	e Sewer Re	elocation	-		
Demo Capping Ten	ant Improv	vement		Pump 🔲						
Oil/Water Separator		_	_				=xtorridi)			
NOTE: For Grease Trap (in Application instead of this User)	<i>nternal)</i> or	Backwater	Valve to b	e installed,	please con	plete the <u>M</u>	<u>flechanical</u>	/Plum	<u>ıbing</u>	
Is this use temporary (e.g.,	nermitted	construction	n. . etormwo	tor or group	dirintan dis					
if Yes, the period of dischar	rae is antic	inated to be	from	ter or groun	uwater dist	:narge)? [▼	No Ye	_		
System Development Char	ne Informa	tion: Attack	h Kina Co	untu Causa	(date) t	0	(da	te)		
						cation form				
WATER APPLICATION	BACKF	LOW DEV	ICE(S) A	PPLICATI	ON			8 55	THE .	
CHECK ALL THAT APPLY:	✓ New Co Servi	onnection ce Alterati	☐ Meter on/Repair	Removal [☐ Meter Relow Device	elocation	✓ New Fire	Hyd	rant	
	RESID	ENTIAL		AMILY AND		, motaliatic		-		
		SINGLE-FAMILY & NON-RESIDENTIAL		FIRE		IRRIGATION				
Check all that apply:		OMESTIC	The second secon	IESTIC						
Indicate # of Meters and	Yes	✓ No	✓ Yes	No	✓ Yes	No	✓ Yes		No	
Meter Size (inches):	N/A		(1) 3/4", (2)	1", (16) 2"	- N	/A	(1) 3/4", (4) 2"			
Existing Meter Box?	Yes	✓ No	Yes	✓ No	N	/A	Yes		No	
Chemicals Added?	N	/A		V/A	Yes	✓ No	Yes		No	
Backflow Device(s) for	N	/^								
Premises Isolation ¹ Size of Fire Line	N/A		RPBA ²		RPBA ²	DCVA ³	RPBA ²	DC	VA ³	
Connection (inches)	N/A		N/A		Existing "	New N/A				
 All backflow devices shall be Contact the City's Cross Reduced Pressure Backflow for any irrigation or fire li Double Check Valve Assem 	V Assembly ne where child (DCVA).	n Specialist (RPBA) is re nemicals are	s at (253) sequired for a added.	931-3048 to call multifamily	liscuss spec and non-re	meter. ific location. sidential don	nestic service			
NOTE: For backflow device Mechanical /Plumbing App	ces to be in	nstalled or							140	
certify that I have read this applica agree to comply with all city and c ity to enter upon the above menti										

Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and consent.

SIGNATURE:

PRINTED NAME:

DATE: 10-3/-/9



OWNER LETTER OF **AUTHORIZATION**

Updated June 2019

Physical Address: Auburn City Hall Annex, 2nd Floor 1 E Main St

| Brent Parrish

Mailing Address: 25 W Main St Aubum, WA 98001-4998

Webpage & Application Submittal: www.auburnwa.gov applications@aubumwa.gov

Phone and Email: Phone: (253) 931-3090 permitcenter@auburnwa.gov

(A copy of this letter must be submitted for each property owner involved)

, brent Parrish	, declare under penalty of perjury under the laws
of the State of Washington as follows;	, , , , , , , , , , , , , , , , , , , ,
1. I am (select one) the owner of the property the corporation, organization, or public agency and su authority to act on that entity's behalf for the proper for the following scope of work installation of the water, sanitary	at is the subject of the application or the owner is a abmitting this authorization is within the scope of my rty located at 4750 Auburn Way N sewer, and storm system for the Copper Gate Apartments project.
2. All statements, answers, and information submitted of my knowledge and belief.	ed with this application are true and correct to the best
3. I acknowledge that approval of this application approval documents.	may be subject to conditions as specified on the
undersigned, and filed against the City of Auburn, b	any claim (including costs, expenses and attorney's which may be made by any person, including the ut only where such claim arises out of the reliance of the accuracy of the information provided to the City
property, take photographs, and post public notice	the City of Auburn and any other Federal, State, or er the project to enter onto my property to inspect the ces as required in connection with review of this conditions of permits and approvals issued for the
6. Regarding this application, the following individua of the entity I represent:	als are appointed to act as my agent, or as the agent
X BHIC Signature	Development Manager
Brent Parrish	Golor Illa
Printed Name Date	City and State where signed
Branto Quila Leanstruction con 702-135-83 Emall Phone	32.05
120 W Cataldo, Suite 100	
Address	